2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150771

Entity Name: ON THE SPOT INSURANCE INC

FILED Apr 30, 2006 Secretary of State

Entity Na	ille: ON THE	SPOT INSURANCE, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	VELAND AVEN S, FL 33901	NUE, STE. 4 US			
Current Mailing Address:			New Mailing Address:		
	VELAND AVEN S, FL 33901	NUE, STE. 4 US			
FEI Number	: 20-0513665	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	A, JULIO VELAND AVEN S, FL 33901	NUE US			
	e named entity : e of Florida.	submits this statement for the	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (ESPINOSA, JU 2243 CLEVELA FT MYERS, FL	ND AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VSD (LUGO, DAMAR 2243 CLEVELA FT MYERS, FL	ND AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIO C ESPINOSA PD 04/30/2006